



Insured and/or Administered by
 Connecticut General Life Insurance Company
 CIGNA HealthCare
 PREFERRED PROVIDER OPTION(PPO)

STANDARD PLAN
 HIGH PLAN

Enrollment/Change Form

A	OPEN ENROLL NEW ENROLL CHANGE REINSTATE	EMPLOYER NAME: THE CHURCHILL BENEFIT CORPORATION DBA YURCOR	EMPLOYER ADDRESS: 150 East Palmetto Park Rd, Suite 505 Boca Raton, Florida 33432-4827
	CIGNA ACCOUNT NUMBER 3329378	DATE OF HIRE	EFFECTIVE DATE

B	EMPLOYEE NAME (Last) (First) (M.I.)			SOCIAL SECURITY NO.		
	EMPLOYEE DATE OF BIRTH	HOME PHONE ()	WORK PHONE ()	EMAIL ADDRESS:		
	ADDRESS					
	I WOULD LIKE COVERAGE FOR ME AND MY DEPENDANTS (<i>Specify of last name is different than yours</i>) Last Name First Name M.I.	DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH MM DD CCYY	GENDER	FULL TIME STUDENT?	
	Employee			M F	YES	NO
	Spouse			M F		
	Dependent* Relationship			M F		
	Dependent* Relationship			M F		
Dependent* Relationship			M F			

* DEPENDENTS- if full time student and age 19 or over, attach proof verifying credit hours.

C	OTHER HEALTH CARE COVERAGE: <i>Do you or your dependents have other health insurance under a group plan, HMO, or Medicare?</i> YES if yes, please provide the following NO					
	NAME OF PERSON COVERED	SOCIAL SECURITY NO.	EFFECTIVE DATE	MEDICARE <i>Part A Part B</i>	MEDICAID	OTHER ISURANCE CARRIER

D	SIGNATURE -the information provided above is true and correct to the best of knowledge	
	EMPLOYEE SIGNATURE	DATE

